



# APPLICATION FOR REPLACEMENT OF LOST INDIANA INTERPRETER CERTIFICATE OR IDENTIFICATION CARD

State Form 52613 (3-06) / DHHS 0017

Approved by State Board of Accounts, 2006

Mail to:  
MS23

**Deaf and Hard of Hearing Services**  
Indiana Family and Social Services Administration  
Division of Disability and Rehabilitative Services  
P.O. Box 7083  
Indianapolis, IN 46207-7083

**THE FEE IS \$15.00 (NONREFUNDABLE). CHECK OR MONEY ORDER PAYABLE TO STATE OF INDIANA.**

Name of applicant <i>(Last name, first name, M.I.)</i>				Certificate Number	
Address <i>(number and street)</i>				County	
City/Town			State		ZIP code
Home phone number (     )	Work phone number (     )	Cell Phone (     )	FAX (     )	E-mail address	

## ITEM REPLACEMENT

☐ Certificate

☐ Identification Card

☐ Both

## CHECK IDENTIFICATION

Payer	Check Amount	Check Date	Check Number
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## FOR OFFICIAL USE ONLY

Approved by:	Date:
Comments:	